

IC 12-8-6

Chapter 6. Office of Medicaid Policy and Planning

IC 12-8-6-1

Establishment

Sec. 1. The office of Medicaid policy and planning is established.
As added by P.L.2-1992, SEC.2.

IC 12-8-6-2

Administrator

Sec. 2. The secretary shall appoint an administrator responsible for management of the office.
As added by P.L.2-1992, SEC.2.

IC 12-8-6-3

Administration of state program

Sec. 3. The office is designated as the single state agency for administration of the state Medicaid program under IC 12-15.
As added by P.L.2-1992, SEC.2.

IC 12-8-6-4

Development and coordination of state policy

Sec. 4. The office shall develop and coordinate Medicaid policy for the state.
As added by P.L.2-1992, SEC.2.

IC 12-8-6-5

Rules

Sec. 5. The secretary may adopt rules under IC 4-22-2 to implement this chapter and the state Medicaid program.
As added by P.L.2-1992, SEC.2.

IC 12-8-6-6

Administrative review; rules

Sec. 6. (a) For purposes of IC 4-21.5, the secretary is the ultimate authority for the state Medicaid program.

(b) The secretary shall adopt rules under IC 4-22-2 to specify any additional necessary procedures for administrative review of an agency action under IC 4-21.5 and the state Medicaid program.
As added by P.L.2-1992, SEC.2.

IC 12-8-6-7

Written memorandum of understanding with division of mental health; contents

Sec. 7. The office and the division of mental health and addiction shall develop a written memorandum of understanding that provides the following:

- (1) Program responsibilities for the provision of care and treatment for mentally ill individuals.
- (2) Responsibilities to educate and inform vendors of the proper billing procedures.
- (3) Responsibilities in administering the state plan.
- (4) Responsibilities for Medicaid fiscal and quality accountability and audits for mental health services.
- (5) That the division shall recommend options and services to be reimbursed under the state plan.
- (6) That the office and the division agree that, within the limits of 42 U.S.C. 1396 et seq., mentally ill individuals cannot be excluded from services on the basis of diagnosis unless these services are otherwise provided and reimbursed under the state plan.
- (7) That the office shall seek review and comment from the division before the adoption of rules or standards that may affect the service, programs, or providers of medical assistance services for the mentally ill.
- (8) That the division shall develop rate setting policies for medical assistance services for the mentally ill.
- (9) Policies to facilitate communication between the office and the division.
- (10) Any additional provisions that enhance communication between the office and the division or facilitate more efficient or effective delivery of mental health services.

As added by P.L.2-1992, SEC.2. Amended by P.L.215-2001, SEC.32.

IC 12-8-6-8

Written memorandum of understanding with division of disability, aging, and rehabilitative services; contents

Sec. 8. The office and the division of disability, aging, and rehabilitative services shall develop a written memorandum of understanding that provides the following:

- (1) Program responsibilities for the provision of care and treatment for developmentally disabled and long term care recipients.
- (2) Responsibilities to educate and inform vendors of the proper billing procedures.
- (3) Responsibilities in administering the state plan.
- (4) Responsibilities for Medicaid fiscal and quality accountability and audits for developmentally disabled and long term care services.
- (5) That the division shall recommend options and services to be reimbursed under the state plan.
- (6) That the office and the division agree that, within the limits of 42 U.S.C. 1396 et seq., developmentally disabled individuals

and long term care recipients cannot be excluded from services on the basis of diagnosis unless these services are otherwise provided and reimbursed under the state plan.

(7) That the office shall seek review and comment from the division before the adoption of rules or standards that may affect the service, programs, or providers of medical assistance services for the developmentally disabled and long term care recipients.

(8) That the division shall develop rate setting policies for medical assistance services for the developmentally disabled and long term care recipients.

(9) That the office, with the assistance of the division, shall apply for waivers from the United States Department of Health and Human Services to fund community and home based long term care services as alternatives to institutionalization.

(10) Policies to facilitate communication between the office and the division.

(11) Any additional provisions that enhance communication between the office and the division or facilitate more efficient or effective delivery of developmentally disabled or long term care services.

As added by P.L.2-1992, SEC.2. Amended by P.L.4-1993, SEC.29; P.L.5-1993, SEC.42; P.L.112-1997, SEC.1.

IC 12-8-6-9

Written memorandum of understanding with division of family and children; contents

Sec. 9. The office and the division of family and children shall develop a written memorandum of understanding that provides the following:

(1) Program responsibilities for the provision of care and treatment for recipients served by the division.

(2) Responsibilities to educate and inform vendors of the proper billing procedures.

(3) Responsibilities in administering the state plan.

(4) Responsibilities for Medicaid fiscal and quality accountability and audits for services administered by the division.

(5) That the division shall recommend options and services to be reimbursed under the Medicaid state plan.

(6) That the office and the division agree that, within the limits of 42 U.S.C. 1396 et seq., recipients served by the division cannot be excluded from services on the basis of diagnosis unless these services are otherwise provided and reimbursed under the state plan.

(7) That the office shall seek review and comment from the division before the adoption of rules or standards that may affect the service, programs, or providers of medical assistance

services for recipients served by the division.

(8) That the division shall develop rate setting policies for medical assistance services administered by the division.

(9) Policies to facilitate communication between the office and the division.

(10) Any additional provisions that enhance communication between the office and the division or facilitate more efficient or effective delivery of services.

As added by P.L.2-1992, SEC.2.

IC 12-8-6-10

Expiration

Sec. 10. This chapter expires January 1, 2006.

As added by P.L.2-1992, SEC.2. Amended by P.L.153-1995, SEC.6; P.L.108-1997, SEC.4; P.L.7-2000, SEC.4; P.L.291-2001, SEC.214; P.L.83-2002, SEC.3; P.L.243-2003, SEC.6.